

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 71
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 60.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : f8dd60e5-64bc-4714-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 238468.93			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 56.49		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : b42c1872-4dbf-4206-a		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 238468.93			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	116.49
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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08 / 16 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 35.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 9b967cc3-c5ce-4137-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 11.76	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : da5730b1-777f-47f4-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	46.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Ms. Emily Buchanan

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(Schedule E)PAGE 3 OF 71
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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Joanna Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 2134 Tobaccoville Rd		Amount 35.00	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 895126a2-e05e-4f73-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Nicole N Ball		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 2528 Mill Creek Rd		Amount 20.00	
City Newport	State NC	Zip Code 28570	Transaction ID : 5128a2e7-9f87-4613-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Nicole N Ball		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 2528 Mill Creek Rd		Amount 12.60	
City Newport	State NC	Zip Code 28570	Transaction ID : c60d74e3-bd53-4d31-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 35.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : e5d3623a-7601-49c3-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	47.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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 PAGE 5 OF 71
 FOR SE OF FORM 24/48

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>	
Mailing Address 7214 Duchamp Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.60</div>	
City Charlotte	State NC	Zip Code 23215	Transaction ID : f717a5b6-94ae-4cb7-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">238468.93</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Gabriella E Hansen		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>	
Mailing Address 310 West Meath Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.00</div>	
City Winterville	State NC	Zip Code 28590	Transaction ID : e26cb811-834e-4954-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">238468.93</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">34.60</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 6 OF 71
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee Morgan R Padgett			Date of Public Distribution/Dissemination		
Mailing Address 2164 Kay Rd			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Greenville	State NC	Zip Code 27858	Amount 25.00		
Purpose of Expenditure Salary		Category/ Type 001	Transaction ID : 63f2690c-11dd-47d4-b Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Morgan R Padgett			Date of Public Distribution/Dissemination		
Mailing Address 2164 Kay Rd			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Greenville	State NC	Zip Code 27858	Amount 9.60		
Purpose of Expenditure Mileage		Category/ Type 002	Transaction ID : fa36f68f-0ac8-44f6-9 Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	34.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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(Schedule E)

 PAGE 7 OF 71
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Jodi Fountain		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 35.00	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 56a4996d-127e-454a-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jodi Fountain		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 9.00	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : d69221f4-27a0-4af9-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	44.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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(Schedule E)

PAGE 8 OF 71

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Steven Best		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 103 Washington Ave		Amount 33.00	
City Newport	State NC	Zip Code 28570	Transaction ID : 3e70fd6c-f123-471a-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Steven Best		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 103 Washington Ave		Amount 8.28	
City Newport	State NC	Zip Code 28570	Transaction ID : 69d2cb4a-6062-4b70-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	41.28
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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 PAGE 9 OF 71
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>	
Mailing Address 44 Bell Street Ext		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 92ffa5bf-5d6a-43e3-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">238468.93</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>	
Mailing Address 44 Bell Street Ext		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">23.40</div>	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : bdf2e63b-3930-4614-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">238468.93</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">63.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 71
FOR SE OF FORM 24/48

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 40.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : ad1ceab8-8832-45d2-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 23.40	
City Bakersville	State NC	Zip Code 28705	Transaction ID : c4cd130c-bdd3-46fe-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	63.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 11 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination		
Mailing Address 905 Lake Drive			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Shelby	State NC	Zip Code 28152	Amount		
			<div style="border: 1px solid black; padding: 2px; text-align: right;">55.00</div>		
Purpose of Expenditure Salary		Category/ Type 001	Transaction ID : 071f1cc9-c38a-4b75-9 Date of Disbursement or Obligation		
			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">238468.93</div>					

Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination		
Mailing Address 905 Lake Drive			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Shelby	State NC	Zip Code 28152	Amount		
			<div style="border: 1px solid black; padding: 2px; text-align: right;">23.40</div>		
Purpose of Expenditure Mileage		Category/ Type 002	Transaction ID : 44f504cd-f625-4a53-9 Date of Disbursement or Obligation		
			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">238468.93</div>					

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">78.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 12 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 2565 Shire Circle		Amount 20.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : f0c1c6bf-c641-4d56-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Allie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 30.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : 69d24b1c-ff73-4067-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 13 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 28.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : fdfb5d7b-9301-44b5-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 24.42	
City Ayden	State NC	Zip Code 28513	Transaction ID : 48b58bb0-7000-474d-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	52.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 14 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>08</div><div>14</div><div>2014</div></div>	
Mailing Address 8822 Apple St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 3a5e35dd-55e0-409b-b Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>08</div><div>14</div><div>2014</div></div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">96039.98</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>08</div><div>14</div><div>2014</div></div>	
Mailing Address 8822 Apple St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13.50</div>	
City New Orleans	State LA	Zip Code 70188	Transaction ID : e81d8ca1-cb79-4eed-8 Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>08</div><div>14</div><div>2014</div></div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">96039.98</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">83.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 15 OF 71
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 924 N. Prieur St		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 70.00 </div>	
City State Zip Code New Orleans LA 70116	Transaction ID : d8add9a5-f61f-4fd2-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 96039.98 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 924 N. Prieur St		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 12.90 </div>	
City State Zip Code New Orleans LA 70116	Transaction ID : 452f395b-fd1e-4c16-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>		
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 96039.98 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">82.90</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 16 OF 71
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Stephanie L Heun		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 14 / 2014	
Mailing Address 8026 S Wilwood Dr Apt 101		Amount 31.70	
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 31d47b6f-2845-4519-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Office Sought: <input type="checkbox"/> House District: 00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 14 / 2014	
Mailing Address 2043 Nottingham Ln		Amount 65.00	
City Burlington	State NC	Zip Code 27215	Transaction ID : 77fdb5fa-2492-4255-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Office Sought: <input type="checkbox"/> House District: 00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	96.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Ms. Emily Buchanan

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 M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 17 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 2043 Nottingham Ln		Amount 7.20	
City Burlington	State NC	Zip Code 27215	Transaction ID : 9d91d03c-e233-4ca6-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Morgan E Hallenbeck		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 3790 Christian Light Rd		Amount 70.00	
City Fuquay Varina	State NC	Zip Code 27526	Transaction ID : 78129f6c-162e-40d8-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	77.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 18 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Morgan E Hallenbeck		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 3790 Christian Light Rd		Amount 23.01	
City Fuquay Varina	State NC	Zip Code 27526	Transaction ID : ee537fde-5adc-4182-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Christopher Pollreis		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 15.5 Magnolia Circle		Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 3a1c4f58-24c7-4f52-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 57749.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	53.01
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 19	OF 71
FOR SE OF FORM 24/48	

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee Christopher Pollreis		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 15.5 Magnolia Circle		Amount <input type="text"/>	
City Searcy	State AR	Zip Code 72143	Transaction ID : 63a22080-81d5-4b1d-b Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Mileage	Category/ Type 002	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Theresa A Touchet		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 102 French Street #3		Amount <input type="text"/>	
City New Orleans	State NC	Zip Code 70124	Transaction ID : d262c8dd-26b7-40d7-a Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Salary	Category/ Type 001	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 20 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Theresa A Touchet		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 102 French Street #3		Amount 0.30	
City New Orleans	State NC	Zip Code 70124	Transaction ID : cb6adf4e-aaf0-4070-8
Purpose of Expenditure Mileage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Joeph P Pthierfelder		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 2411 Armstrong		Amount 100.00	
City Gastonia	State NC	Zip Code 28054	Transaction ID : 5e828b08-fa89-4549-8
Purpose of Expenditure Salary	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100.30
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 21 OF 71
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Joseph P Pthierfelder			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Mailing Address 2411 Armstrong			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.50</div>		
City Gastonia	State NC	Zip Code 28054	Transaction ID : c0f9040d-4e56-4e82-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Kay Hagan		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Barbara A Williams			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Mailing Address 3002 Darden Rd Apt A			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 999d780c-f7a2-4df4-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">67.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 22 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 160 #50 Pompano Dr		Amount 50.00	
City New Bern	State NC	Zip Code 28560	Transaction ID : 77dac65f-8a26-425e-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 160 #50 Pompano Dr		Amount 7.26	
City New Bern	State NC	Zip Code 28560	Transaction ID : f21b4c0a-adc7-45d8-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	57.26
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 23 OF 71
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Elizabeth DeMaine			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014		
Mailing Address 75 Stephenson Ln			Amount 35.00 Transaction ID : 6ed59ee9-af2d-4d13-9 Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014		
City Sheridan	State AR	Zip Code 72143			
Purpose of Expenditure Salary	Category/ Type 001				
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought 57749.41			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Elizabeth DeMaine			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014		
Mailing Address 75 Stephenson Ln			Amount 23.10 Transaction ID : 851a2568-a2ff-4338-a Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014		
City Sheridan	State AR	Zip Code 72143			
Purpose of Expenditure Mileage	Category/ Type 002				
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought 57749.41			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	58.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 24 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Dylan Simon		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 111 Millrock Drive		Amount 48.83	
City Lafayette	State LA	Zip Code 70508	Transaction ID : e42896f7-12cd-4e95-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Dylan Simon		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 111 Millrock Drive		Amount 22.41	
City Lafayette	State LA	Zip Code 70508	Transaction ID : c922addd-4263-4ca3-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	71.24
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 25 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 543 S 2nd St		Amount 80.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 677680fb-dd5c-46fb-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 543 S 2nd St		Amount 10.50	
City Bellaire	State NC	Zip Code 77401	Transaction ID : d8198af5-f889-498d-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	90.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 26 OF 71
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee David Ford			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Mailing Address 106 Hillside St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">82.50</div>		
City Spindale	State NC	Zip Code 28160	Transaction ID : b1ffbd8c-274f-4d8e-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">238468.93</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee David Ford			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Mailing Address 106 Hillside St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">28.92</div>		
City Spindale	State NC	Zip Code 28160	Transaction ID : 6f4ae3b2-e254-43d1-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">238468.93</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">111.42</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 27 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 30.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : e91a2847-29fe-4822-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 36.90	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 57697f45-c63f-45a3-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	66.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 28 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Cory Bryson		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 216 Dogwood Ln		Amount 60.00	
City Belmont	State NC	Zip Code 28012	Transaction ID : 0020c2ce-7ad6-4d9c-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Cory Bryson		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 216 Dogwood Ln		Amount 4.50	
City Belmont	State NC	Zip Code 28012	Transaction ID : 9889a4f4-a5c5-472c-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	64.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 29 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kati M Holland			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014		
Mailing Address 248 La Salle St			Amount 40.00		
City Wilmington	State NC	Zip Code 28411	Transaction ID : 365a013a-f705-4b75-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 238468.93			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Kassidy L Tyler			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014		
Mailing Address 41 Hawk Hollow Trail			Amount 45.00		
City Burgaw	State NC	Zip Code 28425	Transaction ID : d67f9bdc-bb18-47dc-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 238468.93			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 30 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kassidy L Tyer		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 41 Hawk Hollow Trail		Amount 25.50	
City Burgaw	State NC	Zip Code 28425	Transaction ID : a262e974-d65a-4b02-9 Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 112 apache Dr		Amount 55.00	
City Search	State AR	Zip Code 72149	Transaction ID : a7a8eddf-23c8-49cc-b Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		57749.41	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	80.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 31 OF 71
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>	
Mailing Address 112 apache Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.49</div>	
City State Zip Code Search AR 72149	Transaction ID : bed37e0e-43ae-4b04-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">57749.41</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>	
Mailing Address 2506 Bolch Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City State Zip Code Shreveport LA 71104	Transaction ID : c714c76b-518c-43b8-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">96039.98</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">94.49</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 32 OF 71
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>	
Mailing Address 2506 Bolch Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19.20</div>	
City State Zip Code Shreveport LA 71104	Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Transaction ID : 5fde8d42-5212-4589-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">96039.98</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>	
Mailing Address 2305 Cleary Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>	
City State Zip Code Metairie LA 70001	Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Transaction ID : 63866224-14c3-42ea-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">96039.98</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">39.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 33 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 2305 Cleary Ave		Amount 2.10	
City Metairie	State LA	Zip Code 70001	Transaction ID : 41385ccd-16dc-431c-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Anthony Buchanan		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 1090 McHone Rd		Amount 75.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 588dc10e-c598-415a-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	77.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 34 OF 71
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 105 South Dale St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75.00</div>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : fe9f570f-9ce7-44b4-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">238468.93</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 105 South Dale St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">27.30</div>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : b5f7cdba-9cfe-482b-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">238468.93</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">102.30</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 35 OF 71
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014		
Mailing Address 105 South Dale St			Amount 75.00 Transaction ID : 88fe9212-752a-4938-b Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014		
City Spruce Pine	State NC	Zip Code 28777			
Purpose of Expenditure Salary	Category/ Type 001	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan			
Calendar Year-To-Date Per Election for Office Sought 238468.93					
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Barbara E Spritz			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014		
Mailing Address 3346 Durham St Ext			Amount 40.00 Transaction ID : 20ae7cc2-bb0e-4c4d-b Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014		
City Burlington	State NC	Zip Code 27217			
Purpose of Expenditure Salary	Category/ Type 001	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan			
Calendar Year-To-Date Per Election for Office Sought 238468.93					
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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MM / DD / YYYY
08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 36 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Barbara E Spritz		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 3346 Durham St Ext		Amount 3.30	
City Burlington	State NC	Zip Code 27217	Transaction ID : 03bd3fe0-e48f-4a50-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 101 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : e4b5ec84-b99d-4b68-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.30
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Date

MM / DD / YYYY
08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 37 OF 71

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 110 W Pecan St		Amount 65.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : db5c032c-626f-480e-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 110 W Pecan St		Amount 32.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 27743fad-5cfb-4bf7-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	97.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
08 / 16 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 38 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 08303cf0-fa8c-4b91-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 4967 Dysartville Rd		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 00a6f041-5489-447d-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 39 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 10.50	
City Morganton	State NC	Zip Code 28655	Transaction ID : f09344e0-8b38-40eb-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Marysol Netro		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 312 S Gunter St		Amount 100.00	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 38dbfe53-25a3-42a2-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 57749.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	110.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Ms. Emily Buchanan

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08 / 16 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 40 OF 71
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Mailing Address 312 S Gunter St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6.00</div>		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 060e371a-81fc-441c-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">57749.41</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Mailing Address 6412 Osage Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>		
City North Little rock	State AR	Zip Code 72116	Transaction ID : 98d7be85-63a3-4d5d-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">57749.41</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">66.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Ms. Emily Buchanan

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Date

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08 / 16 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 41 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 6412 Osage Dr		Amount 15.21	
City North Little rock	State AR	Zip Code 72116	Transaction ID : a72dd3a3-b0e5-4392-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 57749.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 1809 N Woodlawn		Amount 45.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 68f61251-2d20-4212-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	60.21
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 42 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 1809 N Woodlawn		Amount 4.80	
City Metairie	State LA	Zip Code 70001	Transaction ID : 1ac93aa1-46aa-4e1b-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 220 Doucet Rd		Amount 35.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 93a2c064-5273-4bb9-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	39.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Ms. Emily Buchanan

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 43 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		M	M	M				D	D	D				Y	Y	Y	Y	Y	Y						
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Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>08</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>14</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>		M	M	M	08			D	D	D	14			Y	Y	Y	Y	Y	Y	2014						
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Mailing Address 220 Doucet Rd		Amount <table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>2.52</td></tr></table>													2.52													
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City Lafayette	State LA	Zip Code 70503	Transaction ID : 1a52ac50-6c95-4331-a																									
Purpose of Expenditure Mileage	Category/ Type	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td>002</td></tr></table>	002	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>08</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>14</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>	M	M	M	08			D	D	D	14			Y	Y	Y	Y	Y	Y	2014					
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Full Name of Payee Cassidy Quartararo		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>08</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>14</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>		M	M	M	08			D	D	D	14			Y	Y	Y	Y	Y	Y	2014						
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Mailing Address 632 Cameron Court		Amount <table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>40.00</td></tr></table>													40.00													
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City Kenner	State LA	Zip Code 70065	Transaction ID : a1741c72-80ed-465a-9																									
Purpose of Expenditure Salary	Category/ Type	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td>001</td></tr></table>	001	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>08</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>14</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>	M	M	M	08			D	D	D	14			Y	Y	Y	Y	Y	Y	2014					
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Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA																									
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(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>42.52</td></tr></table>												42.52
					42.52								
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												

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Ms. Emily Buchanan

[Electronically Filed]

Date

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2014					

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 44 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee Cassidy Quartararo			Date of Public Distribution/Dissemination		
Mailing Address 632 Cameron Court			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 14 / 2014 </div>		
City Kenner	State LA	Zip Code 70065	Amount		
Purpose of Expenditure Mileage			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 14 / 2014 </div>		
Category/Type 002			Transaction ID : e4322e99-24d0-468b-8		
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: 00		
State: LA			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 14 / 2014 </div>		

Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination		
Mailing Address 1103 West Wilson Street			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 14 / 2014 </div>		
City Ville Platte	State LA	Zip Code 70586	Amount		
Purpose of Expenditure Salary			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 14 / 2014 </div>		
Category/Type 001			Transaction ID : 62766423-6d87-43dd-9		
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: 00		
State: LA			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 14 / 2014 </div>		

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 14 / 2014 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 14 / 2014 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 14 / 2014 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 45 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 1103 West Wilson Street		Amount 33.60	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ab512822-b2b9-4bb7-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Carey T Henderson		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 1025 Inverness Rd		Amount 60.00	
City Suthern Pines	State NC	Zip Code 28387	Transaction ID : deb33863-352b-4308-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	93.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 46 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Carey T Henderson		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 1025 Inverness Rd		Amount 5.10	
City Suthern Pines	State NC	Zip Code 28387	Transaction ID : e1ffdc04-835b-42d2-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 40.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 3020f369-5b89-4d17-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	45.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 47 OF 71
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>	
Mailing Address 9909 Treasure Hill Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.90</div>	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 3404fb11-7062-4f3c-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">57749.41</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>	
Mailing Address 22369 Ponderosa Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : d7046247-7ae7-4b62-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">96039.98</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">43.90</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 48 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 7.20	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 9cc994b6-b388-4df4-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 1434 South Avenue		Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : 5cee2714-99b4-44ea-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	107.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 49 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Mailing Address 1434 South Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13.80</div>		
City Eden	State NC	Zip Code 27288	Transaction ID : e237e627-8dc3-40db-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">238468.93</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Mailing Address 3007 Darden Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 331522b6-d610-4caf-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">238468.93</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">113.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 50 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Petrina Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 3007 Darden Rd		Amount 27.30	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 3e65b532-54bd-4acf-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 70.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 5f62e85b-eba7-41ae-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 57749.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	97.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 51 OF 71
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>	
Mailing Address 202 East Park Ave Apt 40		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>	
City Searcy	State AR	Zip Code 72143	Transaction ID : 44075967-4549-4fce-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">57749.41</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>	
Mailing Address 202 East Park Ave Apt 40		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19.62</div>	
City Searcy	State AR	Zip Code 72143	Transaction ID : cffb86c7-20d0-4900-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">57749.41</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">89.62</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 52 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 7151 Mullins Drive		Amount 70.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : 00aa6307-e00c-4baa-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 7151 Mullins Drive		Amount 29.40	
City Saltville	State VA	Zip Code 24370	Transaction ID : 0cb9adb5-f1c2-4760-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	99.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 53 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 4691 Hercules Lane		Amount 60.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : c5c96fd5-86e2-4aca-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 629 Radiance Ave		Amount 70.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 1e2b6096-95a6-41b8-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 54 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 629 Radiance Ave		Amount 6.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : daf69688-fb5d-4ff8-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Brandon Guttuso		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 3013 Transcontinental Dr		Amount 70.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : 4bd4a55f-1be2-439f-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	76.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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MM / DD / YYYY
08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 55 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Brandon Guttuso			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014		
Mailing Address 3013 Transcontinental Dr			Amount 6.00		
City Metairie	State LA	Zip Code 70006	Transaction ID : 6be01b81-63ce-4649-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		96039.98	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014		
Mailing Address 308 West Main Street			Amount 42.50		
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 24c3ed1c-6034-4fc5-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	48.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 56 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 308 West Main Street		Amount 10.38	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 63439373-f3dc-48fb-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Glenda McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 308 West Main Street		Amount 42.50	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : efb58c93-9a0e-47fb-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	52.88
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 57 OF 71
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination	
Mailing Address 3113 Imperial Valley Dr.		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City Little Rock	State AR	Zip Code 72212	Amount 35.00
Purpose of Expenditure Salary		Category/Type 001	Transaction ID : 64c5d4c7-4ff2-40b4-b Date of Disbursement or Obligation
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		57749.41	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination	
Mailing Address 3113 Imperial Valley Dr.		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City Little Rock	State AR	Zip Code 72212	Amount 7.50
Purpose of Expenditure Mileage		Category/Type 002	Transaction ID : 12b52a91-e9ec-4b9e-9 Date of Disbursement or Obligation
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		57749.41	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	42.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 58 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 629 Radiance Ave		Amount 70.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 2e1848a7-7593-40a1-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 629 Radiance Ave		Amount 6.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 2090727e-d27b-4534-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	76.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 59 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014
Mailing Address 102 S Main Street Apt A2		Amount 70.00
City Berryville	State VA	Zip Code 22611
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : c83939e9-5ce6-4d5e-9 Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014
Mailing Address 100 Asbury Ct		Amount 80.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 72775497-40a1-458f-8 Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 60 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 12978ef7-2a19-4fa3-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 77f21532-86fe-4583-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 61 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : b43f043a-24f1-4888-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 100 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : ae7502da-2e2a-40fb-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 62 OF 71
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014		
Mailing Address 3007 Darden Rd			Amount 70.00 Transaction ID : cdb0e6f6-b5de-4900-a Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014		
City Greensboro	State NC	Zip Code 27407			
Purpose of Expenditure Salary	Category/ Type 001				
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought 238468.93			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014		
Mailing Address 3007 Darden Rd			Amount 21.60 Transaction ID : d653413a-0d11-4462-b Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014		
City Greensboro	State NC	Zip Code 27407			
Purpose of Expenditure Mileage	Category/ Type 002				
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought 238468.93			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	91.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 63 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 3007 Darden Rd		Amount 70.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : b238e2f4-f6f9-429e-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 110.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : fdc8d820-29a0-4a8a-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	180.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 64 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014
Mailing Address 2090 Fancy Gap Rd		Amount 33.00
City Mt. Airy	State NC	Zip Code 27030
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : a58a83ee-ecf6-4623-9 Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014
Mailing Address 20679 Glenbrook Terrace		Amount 20.00
City Sterling	State VA	Zip Code 20165
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 76f7e17d-7bc8-4c53-8 Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	53.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 65 OF 71
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 20.00 Transaction ID : 2adde9f3-9cf3-4c1e-9 Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014		
City Sterling	State VA	Zip Code 20165			
Purpose of Expenditure Salary	Category/Type 001				
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought 238468.93			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014		
Mailing Address 3315 Cardinal Ridge Rd			Amount 45.00 Transaction ID : 95dd3916-c1ab-4db0-8 Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014		
City Greensboro	State NC	Zip Code 27410			
Purpose of Expenditure Salary	Category/Type 001				
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought 238468.93			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 66 OF 71
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Mailing Address 3315 Cardinal Ridge Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15.30</div>		
City Greensboro	State NC	Zip Code 27410	Transaction ID : f46e8ff6-ec3f-47c9-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Mailing Address 2357 Fancy Cap Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">110.00</div>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 67885ea3-7370-4c1f-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 14 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">125.30</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 67 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 33.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : e10a5e54-8595-4339-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Wayne Burckel		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 46 Glenwood Ave		Amount 50.00	
City Harahan	State LA	Zip Code 70123	Transaction ID : 24d76450-455f-4766-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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*Ms. Emily Buchanan**[Electronically Filed]*

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 68 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Wayne Burckel		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 46 Glenwood Ave		Amount 0.30	
City Harahan	State LA	Zip Code 70123	Transaction ID : 8de6bd94-78a6-42e9-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 96039.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 1025 Cayley Ct		Amount 112.50	
City High Point	State NC	Zip Code 27260	Transaction ID : 56cecbf8-e142-4c2c-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	112.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 69 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 1025 Cayley Ct		Amount 16.80	
City High Point	State NC	Zip Code 27260	Transaction ID : 8c3a9472-323f-4cc5-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 1025 Cayley Ct		Amount 110.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 4cd432d4-6b9a-4b38-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	126.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 70 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 1025 Cayley Ct		Amount 15.30	
City High Point	State NC	Zip Code 27260	Transaction ID : 6019e4d7-c8e5-4fdd-b Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Steven Jean		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 13 / 2014	
Mailing Address 2012 Harrison Ave		Amount 100.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 19d8609c-adfb-4aaa-8 Date of Disbursement or Obligation MM / DD / YYYY 08 / 13 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	115.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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08 / 16 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 71 OF 71
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Steven Jean		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 13 / 2014	
Mailing Address 2012 Harrison Ave		Amount 15.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 60cb93cc-605b-4c59-8 Date of Disbursement or Obligation MM / DD / YYYY 08 / 13 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 238468.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	5668.76

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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